

**Emergency Management Performance Grant  
(EMPG)**

**WebGrants Manual**

**State Emergency Management Agency (SEMA)**

**CFDA Number 97.042**

**Period of Performance:**

**January 1, 2015 to December 31, 2015**

### **Contact Information:**

For assistance with eligibility and any program guidelines contact:

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Phone Number</b>
<b>Amy Lehman</b>	Program Manager	SEMA	(573)751-0788
<b>Laura Teske</b>	Grant Specialist	SEMA	(573)751-3401
<b>Jackie Hofstetter</b>	Grant Specialist	SEMA	(573)526-9256

#### **I. How to Apply:**

Applications for EMPG funding must be submitted online via the Missouri Department of Public Safety WebGrants system at <https://dpsgrants.dps.mo.gov> . This system will be used from the application phase through the administration and closeout phase for all projects funded through the EMPG program.

- **New Agency/Organization:** If your agency/organization is new to the EMPG and has never registered with the WebGrants system:

##### **1.) Acquire a DUNS (Data Universal Numbering System) Number:**

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving federal funds. Obtaining a DUNS number is a free, one-time activity. Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. If your organization does not know its DUNS number or needs to register for one, visit [www.dunandbradstreet.com](http://www.dunandbradstreet.com)

##### **2.) Complete the “Register Here” Section on the WebGrants login page**

**Personal Information:** This section should contain work-related information for the individual registering in WebGrants.

- **Name:** Provide a title (Mr., Ms., Deputy, etc.), first, and last name.
- **Job Title:** Enter job title.
- **Email:** Provide an email address that will be checked regularly. As WebGrants will send scheduled alerts pertaining to the application and grant process.

- **Note:** E-mails will be sent from [dpsWebGrants@dps.mo.gov](mailto:dpsWebGrants@dps.mo.gov) so ensure this email address is added to your contact list or selected as a safe sender to avoid having the emails being filtered as junk or spam.
- **Mailing Address:** The agency's mailing address (excluding the city, state, and zip code). If the agency has a post office box, that information should be listed here. If your agency does not have a post office box, the street address should be listed.
- **Street Address 1:** Provide the agency's physical street address if different than the mailing address provided above. Do not repeat the mailing address.
- **Street Address 2:** Complete only if applicable.
- **City/State/Zip:** Enter city, state, and zip code.
- **Phone /Extension:** Provide a daytime telephone number and extension, if applicable.
- **Fax:** Provide a fax number.
- **Organization Information:** This section should contain information pertaining to the applicant agency (unit of local government).
- **Applicant Agency:** Provide the unit of local government, followed by a comma and the project agency. (For example, the Hickory County Emergency Management Agency would be Hickory County, Emergency Management Agency).
- **Organization Type:** Select "government".
- **Federal Tax ID #:** Provide the 9-digit FEIN number of the unit of local government.
- **CCR Code:** This field is not required (may leave blank).
- **Organization Website:** Provide the website of your local government, if a website exists. This field is not required (may leave blank).
- **Mailing Address:** Provide the mailing address of the applicant agency (post office box or street address).
- **Street Address 1:** Provide the physical street address, **if different from the mailing address listed above**, for the agency. Do not repeat the mailing address.
- **Street Address 2:** Provide additional information if different than above.
- **City/State/Zip/+4:** Provide the city, state, and zip code, plus 4 digit extension. If unknown <https://www.usps.com>
- **County:** Select the county.
- **Congressional District:** Select the congressional district for the unit of local government.
- **Phone/extension:** Provide a daytime telephone number with extension (if applicable).
- **Fax:** Provide a fax number.

When completed, select the "Register" link. A confirmation page will be displayed and an email will be sent to the email address provided under the "Personal Information" section of the registration form.

A notification will be sent to the Missouri Department of Public Safety alerting the program staff that a new user has registered. The registrant will receive an email when the Missouri Department of Public Safety approves or disapproves the registration. If approved, the user ID and password are active and you may log into the system. If disapproved, the email will contain the reason.

Once approved, additional users for your agency/organization can be added to view the application or contract information. To add registered users, log into WebGrants, select “My Profile” from the main menu, select the applicable “Associated Organization” name, select “Add” under the “Registered Users” section, and complete the required fields. Users, which are added by an approved registered user, will not be subject to approval by the Missouri Department of Public Safety.

**NOTE:** Only new agencies/organizations should complete the registration form on the login page. Returning agencies/organizations should not complete this form as it will re-register the existing organization. If you have forgotten your login information, do not re-register to obtain a new login. Re-registering will create duplication and unnecessary records in the systems database and may not allow the user to view all appropriate grant records. If you are unsure if your organization has an existing profile, contact the grant specialist provided in the contact information section of this program manual for assistance.

- **Returning Agencies/Organizations:** Agencies/Organizations that have previously registered within the WebGrants system, may login with the existing user ID and password. If login information has been forgotten and misplaced, contact the grant specialist provided in the contact information of this program manual.

Once logged into WebGrants, complete the following steps before beginning the application:

- 1.) Verify Work Information:** Under the “My Profile” module, review all work-related information and edit as necessary to update or correct information.
- 2.) Verify Agency/Organization Information:** Under the “My Profile” module, select the associated agency/organization’s name and review all information and edit as necessary. **DO NOT** change the entry of the organization name. It has been entered in such a manner to distinguish this project from other projects by the same applicant agency.
- 3.) Verify the Registered Users Associated with your Organization:** Select “My Profile” module, select on the associated agency/organization’s name. Review the registered users associated with the organization and update if necessary.

**4.) Adding additional registered users:** Select “Add” under the “Registered Users” table. Additional users added by a previously registered user are not subject to approval by the Missouri Department of Public Safety.

**5.) Removing a registered user:** If it is necessary to remove a registered user from your agency/organization, please contact the grant specialist provided in this program manual.

**NOTE:** For security reasons, do not share your userID and password with other users. Each individual should maintain his or her own login information.

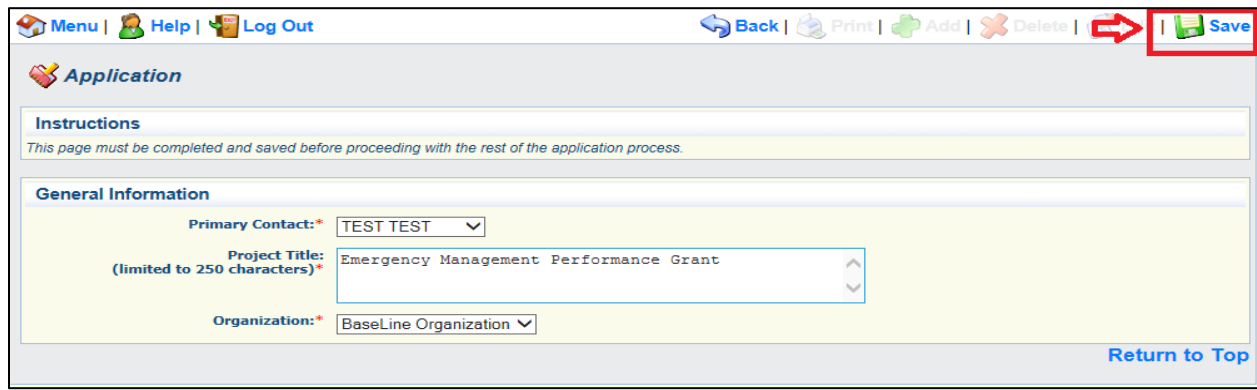
➤ **All Organizations**

Once the above process has been completed, you are ready to start your application. On the main menu screen, select the “Funding Opportunity” link, then select the appropriate funding opportunity, and select “Start a New Application.”

## II. APPLICATION FORMS:

### General Information:

- Select the appropriate name from the “Primary Contact” drop down box. The Project Title for this grant is the Emergency Management Performance Grant (EMPG). When completed, select save.



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**Application**

**Instructions**  
This page must be completed and saved before proceeding with the rest of the application process.

**General Information**

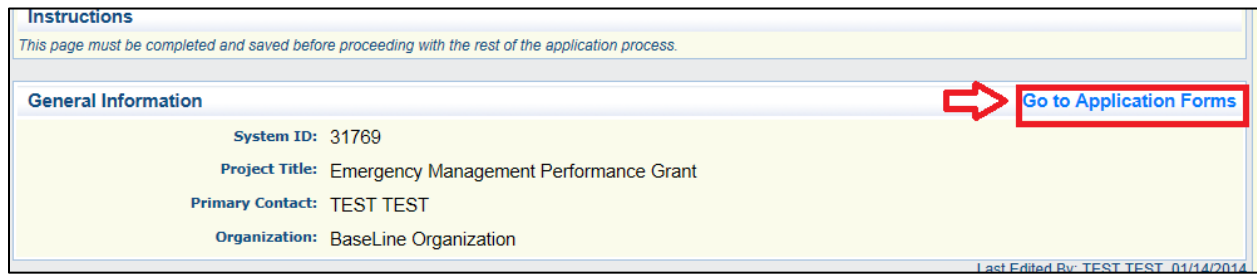
Primary Contact: \* TEST TEST

Project Title: (limited to 250 characters) \* Emergency Management Performance Grant

Organization: \* BaseLine Organization

[Return to Top](#)

- Select “Go To Application Forms”



**Instructions**  
This page must be completed and saved before proceeding with the rest of the application process.

**General Information**

System ID: 31769

Project Title: Emergency Management Performance Grant

Primary Contact: TEST TEST

Organization: BaseLine Organization

[Go to Application Forms](#)

Last Edited By: TEST TEST 01/14/2014


- Select “Contact Information”

Application Forms		Application Details   <a href="#">Submit</a>   <a href="#">Withdraw</a>	
Form Name	Complete?	Last Edited	
<a href="#">General Information</a>			
<a href="#">Contact Information</a>	✓	03/17/2015	
<a href="#">EMPG Statement of Work</a>			
<a href="#">EMPG Budget</a>			
<a href="#">Certified Application Assurance</a>			
<a href="#">Supplanting</a>			
<a href="#">Audit Certification Form 2015</a>			
<a href="#">Other Attachments</a>			

- **Authorized Official:** The individual who has the authority to legally bind the applicant agency into a contract. The Authorized Official shall be the County Commissioner for County, and the Mayor or City Administrator for City Government.

Contact Information			
<b>Authorized Official</b>			
<i>Enter the name and address of the individual who has the authority to legally bind the applicant agency.</i>			
<ul style="list-style-type: none"> <li>· City Government - If the applicant agency is a city, the mayor/ city administrator shall be the Authorized Official.</li> <li>· County Government - If the applicant agency is a county, the presiding commissioner shall be the Authorized Official.</li> </ul>			
<b>Authorized Official:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
<b>Job Title:*</b>	<input type="text"/>		
<b>Agency:*</b>	<input type="text"/>		
<b>Mailing Address:*</b>	<input type="text"/>		
<b>Street Address 1:</b>	<input type="text"/>		
<b>Street Address 2:</b>	<input type="text"/>		
<b>*</b>	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Email:*</b>	<input type="text"/>		
<b>Phone:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>
<b>Fax:*</b>	<input type="text"/>		

- **Project Director:** The individual within the agency who will have direct oversight of the proposed budget. The Project Director shall be the Emergency Management Director.

<b>Project Director</b>			
<i>For EMPG grants the EMD is the Project Director.</i>			
<b>Emergency Management Director:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
<b>Agency:*</b>	<input type="text"/>		
<b>Emergency Management Director Date of Hire:*</b>	<input type="text"/>		
<b>Mailing Address:*</b>	<input type="text"/>		
<b>Street Address 1:</b>	<input type="text"/>		
<b>Street Address 2:</b>	<input type="text"/>		
<b>*</b>	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<b>Email:*</b>	<input type="text"/>		
<b>Phone:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>
<b>Fax:*</b>	<input type="text"/>		

- **Fiscal Officer:** The individual who has responsibility for accounting and audit issues at the applicant agency level. The Fiscal Officer shall be the County/City Treasurer.

Fiscal Officer			
Fiscal Officer:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:*	<input type="text"/>		
Agency:*	<input type="text"/>		
Mailing Address:*	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
*	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Fmail:*	<input type="text"/>		
Phone:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>
Fax:*	<input type="text"/>		

- **Project Contact Person:** The individual that will act as the supervisor of the proposed project, if different than the Project Director listed above. This individual will be the primary contact for day-to-day questions regarding the grant project and operations.

**Note: If the Project Contact Person is the same as the Project Director, this section would not need to be completed. Select "Yes."**

Project Contact Person			
Is the Emergency Management Director and the Project Contact Person the same? <input checked="" type="radio"/> Yes <input type="radio"/> No			
<small>If the EMD &amp; Project Contact are same it is not necessary to complete the Project Contact information.</small>			
Project Contact Person:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Title</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:	<input type="text"/>		
Agency:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Street Address 1:	<input type="text"/>		
Street Address 2:	<input type="text"/>		
City/State/Zip	<input type="text"/>	<input type="text" value="Missouri"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Email:	<input type="text"/>		
Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>
Fax:	<input type="text"/>		



- When complete, select “Save” located at the top right side of the WebGrants toolbar.

Missouri Department of Public Safety

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**Application**

Application: 31831 - Emergency Management Performance Grant

Program Area: Emergency Management Performance Grant (EMPG)

Funding Opportunity: 28656 - Emergency Management Performance Grant 2014 Test Funding Opportunity

Proposal Deadline: 01/31/2014

- Review the information for accuracy and then select the “Mark as Complete” button.

Contact Information

**Mark as Complete** | Go to Application Forms

**Authorized Official**

Enter the name and address of the individual who has the authority to legally bind the applicant agency.

- City Government - If the applicant agency is a city, the mayor/ city administrator shall be the Authorized Official.
- County Government - If the applicant agency is a county, the presiding commissioner shall be the Authorized Official.

Authorized Official: \* Mr. John Doe

Title First Name Last Name

Job Title: \* Presiding Commissioner

### EMPG Capabilities Statement of Work:

- Project Narrative Justification: Select “Add” to edit the required fields.

Project Narrative Justification

Mark as Complete | Go to Application Forms | **Add**

Provide a complete, narrative for the proposed project to explain, in detail, the need for funding, the intended use of the funding and the anticipated results of the project. The narrative should focus on the project to be funded, not the agency as a whole. The who, what, when, where and how of the project.

Project Title:	Project Type:	The requested funds will be used to:	Select the primary Core Capability that will be supported by this proposed project.	Select the primary Missouri State Homeland Security Strategy Goal Objective that will be supported by the proposed project.	Project Narrative Summary

The project title should be “Emergency Management Performance Grant.” Select from the provided project type the most applicable category. Select whether this is a “New Project”, or to “Sustain an Existing Project”. Under “Core Capabilities”, select either the “Prevention” or “Planning” category for your agency. Select the Strategy Goal Objective that will be supported by the proposed project. Finally, write a “Project Narrative Summary” that explains, in detail, (1) the need for funding, (2) the intended use of the funding, and (3) the anticipated results of the project. This section should be used to focus on and describe the proposed project, and not the agency as a whole.

- When the form has been completed, select the “Save” button located at the top of the WebGrants toolbar.

Missouri Department of  
**Public Safety**

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**Application**

Application: 31769 - Emergency Management Performance Grant

Program Area: Emergency Management Performance Grant (EMPG)

Funding Opportunity: 28656 - test emp


Proposal Deadline: Accepted on a Continual Basis

- **Baseline Requirement #1- Emergency Operations Center (EOC):** Select “add”. Complete the information requested to provide the EOC location for your agency, as well as the EOC contact person. When complete select the “Save” button located at the top of the WebGrants toolbar.
- **Baseline Requirement #2- Local Emergency Operations Plan (LEOP):** Select “Add”. This will open the baseline capability for pertinent information to update and maintain the agency’s LEOP. When completed, select “Save”.
- **Baseline Requirement #3- National Incident Management System (NIMS):** Select “Add”. This will open the baseline capability to update information on the progress of NIMS compliance. **Note:** If there is a “No” answer to questions 1 - 10, you will be required to provide planned activities throughout the next four quarters to show progress towards NIMS compliance. When you have completed all required fields, select “Save”.  
Emergency management and incident response activities require carefully managed resources (personnel, teams, facilities, equipment and/or supplies) to meet incident needs. Utilization of the standardized resource management concepts such as typing, inventorying, and cataloging promote a strong national mutual aid capability needed to support delivery of core capabilities. Recipients of FY 2014 EMPG funds are required to participate in the statewide Kind & Typing initiative. To include development of a deployable assets list that supports the Kind & Typing initiative.
- **Baseline Requirement #4- Training Requirements:** Select “Add”. This will open the baseline capability for FEMA/SEMA training. If you answer “No” to either section, fill out the text box to explain what the agency will do over the next four quarters to meet the requirements. When completed, select “Save”.
- **Baseline Requirement #5- Exercise Requirements:** Select “Add”. This will open the baseline capability for exercise requirements. The agency will confirm its understanding of completing the three (3) exercises and planned exercises for the grant performance period and state what the agency will do over the next quarters to meet the requirements. Select “Save” at the top right of the WebGrants toolbar.

- **Baseline Requirement #6- Training and Exercise Plan Workshops (TEPW):** Select “Add” located at the top of the Baseline Requirement #6 box. This will open the baseline capability. Select “yes” or “no” that you understand all EMPG sub-recipients are to conduct or participate in an annual TEPW.
- **Baseline Requirement #7- WebEOC:** Select the “Add” button. Select “yes” or “no” that you understand all awarded agencies are to use the WebEOC during incidents, events, and related WebEOC trainings.
- **Baseline Requirement #8- THIRA:** Select “Add” at the top of the Baseline Requirement #8 box. Click “yes” or “no” that you understand all EMPG sub-recipients are required to participate in the development or maintenance of a state or regional Threat and Hazard Identification and Risk Assessment. When complete select “Save” at the top of the WebGrants toolbar.
- **Baseline Requirement #9- Status Reports and Claims:** Select “Add”. In this section, the agency will acknowledge the filing due date of grant claims request (formerly known as Reimbursement Requests), and status reports (formerly known as the Statement of Work). These reports are due quarterly by the 15<sup>th</sup> of the month following the end of the quarter. When complete select “Save”.
- **This Form Completed By:** The final step in completing the EMPG Capabilities Statement of Work. Select “Add” to the right of the “This Form Completed by” box. The person attesting to the completeness of the statement of work will complete the title, name, phone number, date completed and e-mail address. When complete, select the “Save” button.
- **Review:** When you have completed the statement of work, review the information and select “Mark as Complete.” The screen will then return to the Application Forms section.

**Instructions**  
Please complete the Project Narrative Justification and the six (6) required sections of the Baseline Capabilities Statement of Work.  
If funds for additional capabilities are being requested or sustained in this application complete the Additional Capabilities section.  
Planned activities for each quarter should detail major milestones and workplan for each area.  
Select 'Add' to complete each section of form. When successfully completed form select 'Mark as Complete'.

**Project Narrative Justification**


[Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

Provide a complete, narrative for the proposed project to explain, in detail, the need for funding, the intended use of the funding and the anticipated results of the project. The narrative should focus on the project to be funded, not the agency as a whole. The who, what, when, where and how of the project.

Project Title:	Project Type:	The requested funds will be used to:	Select the primary Core Capability that will be supported by this proposed project.	Select the primary Missouri State Homeland Security Strategy Goal Objective that will be supported by the proposed project.	Project Narrative Summary
Emergency Management Performance Grant	HS org structure	Sustainment of Existing Project	Prevention Planning	4.2 Emergency Operations Center Management	To sustain....,

## EMPG Budget:

- **Personnel:** To add the personnel into the budget, select the “Add” button.

**Personnel**  
*To include personnel in your budget, click “Add”. If the project includes more than one individual, repeat this step for each position.  
For OHS internal use only.*

Line Item Code:

Provide the name of the individual for which grant funding is requested. If the name is unknown, put TBD.  
**Name:\***

Provide the title of the individual. If Volunteer include 'volunteer' in the Position Title.  
**Position Title:\***

Select whether the position is a Created (new) job that currently does not exist or a Retained (existing) job as a result of this grant funding.  
**Position Status:\***

Select the employment status based on the individual's status with the organization (not on this project).  
**Employment Status:\***

Enter the actual salary gross salary per calendar year (EMPG & other funding sources).  
**Total Annual Salary:\***

Indicate the percentage of time to be spent on the EMPG project for which funding is being requested. This % would include match time.  
**% of Grant Funded Time:\***

Enter the amount of match that will be provided by your agency for this budget line.  
**Match Portion Provided:\***

Complete the name and position title (Ignore Line Item Code as this is done in-house by SEMA staff for determining and organizing personnel). Select whether it is a new or existing position, and select whether the position is full-time, part-time, or contractual. Enter the Total Annual Salary, which includes all salary, and not just what is being requested from the grant. Enter the percentage of grant funding, and the system will auto-calculate the total for you. Then, enter the “Match Portion Provided” which in most agencies would be half of the total EMPG salary.

Select the “Save” button. The system will then return to the Budget page and show the total amount, the federal share, and the match share. To add another position, select the “Add” button and repeat the process until all personnel are entered. If a position is vacant, fill out all information with the name line being “TBD”(to be determined).

- **Personnel Justification:** Justification is required for each position, as well as a cause for increase or decrease. To complete Personnel Justification, select the “Edit” button located at the top of the WebGrants Toolbar. (**Note:** This will open up all the Justification boxes for Personnel, Personnel Benefits, Supplies, Equipment and Travel).

Missouri Department of  
**Public Safety**

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**Application**

Application: 31831 - Emergency Management Performance Grant

Program Area: Emergency Management Performance Grant (EMPG)

Funding Opportunity: 20256 - Emergency Management Performance Grant 2014 Test Funding Opportunity

When complete, select the “Save” button.

- **Personnel Benefits:** Select “Add”

Personnel Benefits	
<i>To include personnel fringe benefits in your budget, click "Add". If the project includes more than one individual, repeat this step for each position.</i>	
<i>For OHS internal use only.</i>	
Line Item Code:	<input type="text"/>
<i>Select Name benefits will be for. If no name appears complete Personnel section first.</i>	
Name:*	<input type="text" value="John Doe"/>
<i>Indicate the percentage of total benefits for which funding is being requested, this should include match portion. For example, if an individual benefits are at 42% of their salary, enter 42.</i>	
Indicate the % of total benefits:*	<input type="text"/>
<i>Enter the actual benefit amount to be included in EMPG federal and match share.</i>	
Total Benefits:*	<input type="text" value="\$0.00"/>
<i>Enter the amount of match that will be provided by your agency for this budget line.</i>	
Match Portion Provided:*	<input type="text" value="\$0.00"/>

Select the name of the position for each person. In the box below, indicate the % of the total benefits. (To determine percentage, add all benefits for a total cost and then divide by the salary.) In the next box, please enter the total dollar amount of benefits (federal and match). Finally, enter the Match Portion Provided, which for most agencies will be half of the total. The line item code is for OHS staff only. Please do not complete. Select the “Save” button located at the top of the WebGrants toolbar.

You may add benefits for each position being claimed by repeating this step.

- **Personnel Benefits Justification:** Select the “Edit” button located at the top of the WebGrants toolbar. Personnel benefits need to be broken down here. (For example FICA/medicare is 7.65%, LAGERS is 8.6%, unemployment is 2.1%, workers compensation is 2.8%, health insurance is \$230.00 per person, per month). The Justification should tell which personnel receive which benefits. If the Justification does not match the total amount being requested, it will be subject to negotiation. When complete, select the “Save” button located at the top of the WebGrants toolbar.
- **Supplies & Operating Expenses:** To build the supplies and operations section of the budget, select “Add”.

**Emergency Operation Center Supplies & Operating Expenses**

*The budget items entered below must be in direct support of the operations within the EOC or in support of the agency's Emergency Management personnel.*

1. To include a supply or operating expense for the Emergency Operations Center in the budget, click "Add". To include more than one supply or operating expense, repeat this step for each budget item.  
2. EOC supplies or operating expenses are items with individual value from \$.01 - \$999 total cost (federal & match share combined).

*For OHS internal use only.*

**Line Item Code:**

Select each supply/operational item by type.

**Supply/Operation Type:\***

List each budget item name.

**Item Name:\***

Enter the requested number of months, people, units, etc. If the expense is a one-time cost, enter 1.

**Quantity:**

Enter the total cost for this budget line item (federal and match share).

**Total Supply and Operation Cost:\***

Enter the amount of match that will be provided by your agency for this budget line.

**Match Portion Provided:\***

Select the supply/operations type. Each supply type can be identified by completing the field "Item Name", but it is only required if "other" is selected. Select the quantity (number) of times the cost is expected to occur. In the example of a monthly phone bill, the quantity would be 12. Enter the total unit cost, which includes both federal and local match for 100% of the cost. Finally, enter the Match Portion Provided which is typically half of the total cost. Repeat this process until all supply/operations requests are completed.

- **Supplies/Operations Justification:** Select "Edit". Scroll down to the supplies/operations text box and justify why the items requested are necessary for the proposed project, who will use it, and how it will be used. If there is an increase from the previous year, explain why such an increase is being requested. When complete, select "Save".
- **Equipment:** Select the "Add" button located at the top of the "Emergency Operations Center Office Equipment". For the purpose of this grant, equipment may not exceed \$2,500.

*For OHS internal use only.*

**Line Item Code:**

Enter the name of the item purchasing.

**Item Name:\***

Select the appropriate AEL category.

**AEL Category:\***

Enter the total quantity requested for this budget line.

**Qty:\***

Enter the total cost for the quantity requested, not individual costs.

**Total Office Equipment Costs:\***

Enter the amount of match that will be provided by your agency for this budget line.

**Match Portion Provided:\***

Type in the "Item Name" and then select the Authorized Equipment List Category. Enter the quantity of how many equipment items. Enter the total cost for equipment. Finally, enter the

Match Portion provided and it will auto-calculate the federal share. Select “Save” located at the top of the WebGrants toolbar.

- **Equipment Justification:** To complete the “Equipment Justification” Section, select the “Edit” button located at the top of the WebGrants toolbar. Provide a justification for each equipment expense. Address why the item is necessary for the proposed project, who will use it, and how it will be used.

- **Travel:** Select the “Add” button located to right of the “Travel” box.

The screenshot shows the 'Travel' section of a budget form. At the top, there are seven numbered instructions: 1. To include travel related costs in the budget, click "Add". Repeat this step to include each expense. 2. Enter total cost for each item including federal & match. Cost includes all categories for the expense item. (ie. 2014 SEMA conference may include hotel, mileage, per diem, etc.) 3. Per diem is only allowed when persons are on 12 hour travel status. 4. Travel must be by the most direct, practical route. The amount of mileage allowance shall not exceed \$0.37 per mile. 5. Lodging and meal expenses shall adhere to the State per diem rates, which can be found at [Per Diem Rates](#). Incidentals will not be allowed. 6. Agency travel policy will apply if such is more restrictive than those mentioned herein. 7. The Federal Share and Match Share will automatically calculate as half of the Total Cost.

Below the instructions, a label reads: 'Identify the type of expense. For conferences list conference name and dates.' This is followed by a text input field labeled 'Item Name: \*'.

Next is the instruction: 'Select the applicable travel-related cost(s) to include in the budget. TO SELECT MULTIPLE CATEGORIES HOLD CONTROL DOWN WHILE SELECTING THEM.' Below this is a dropdown menu labeled 'Category: \*' with options: Fuel, Lodging, Mileage, Other, and Per Diem/Meals. A small note below the dropdown says 'Please press Ctrl + Click to select multiple items'.

Below the dropdown is a text input field labeled 'Explanation of Other Travel'.

At the bottom, there is an instruction: 'Enter the amount requested for this travel cost including federal and match portion.' This is followed by a text input field labeled 'Total Cost: \*' with the value '\$0.00' entered.

Enter in the name of the travel expense. Select the related category/categories it pertains to. For example, if the item name is SEMA Conference, the agency may select multiple categories such as lodging, per diem/meals, and fuel. If “Other” is selected as a category, explain briefly what that “Other” cost is. Enter the total cost in the bottom box. Finally, enter the Match Portion Provided and it will auto-calculate the federal share. When complete, select the “Save” button. For multiple travel expenses, select “Add” and repeat the process. The budget will auto-calculate the expenses. Please do not enter the Line Item Code as this is an internal staff duty to organize the budget.

- **Travel Justification:** To edit the “Travel Justification” section, select the “Edit” button located at the top of the WebGrants toolbar. Scroll down to the “Travel” box and enter the justification for each travel expense. It should include why the expense is necessary for the success of the proposed project. For meetings and conferences, the dates and times must be entered. When complete, select the “Save” button.
- **Review the Budget:** Take time to review the entire “Budget” section. Ensure all necessary costs are being requested, and that justifications have been completed for each section. At the bottom of the budget form, you will see the “Total Budget” information.

Total Budget			
<b>Personnel</b>	<b>\$19,500.00</b>	<b>\$19,500.00</b>	<b>\$39,000.00</b>
Federal		Match	Total
<b>Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Federal		Match	Total
<b>Travel</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Federal		Match	Total
<b>Supplies</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Federal		Match	Total
<b>TOTAL</b>	<b>\$19,500.00</b>	<b>\$19,500.00</b>	<b>\$39,000.00</b>
Federal		Match	Budget

Last Edited By: TEST TEST, 01/17/2014

- Ensure the Total Budget is correct, and then select “Mark as Complete”.  
**Note:** You may edit the forms as many times as necessary, even after “Mark as Complete” has been entered.

Name:	Position Title:	Position Status:	Employment Status:	Salary per Pay Period:	Number of Pay Periods:	% of Grant Funded Time:	Total Salary Cost:	Federal Share:	Match Share:
Rick Hemingway	Director	Existing	Full Time	\$1,500.00	26.0	100.0	\$39,000.00	\$19,500.00	\$19,500.00
							\$39,000.00	\$19,500.00	\$19,500.00

[Mark as Complete](#) [Go to Application Forms](#) | [Add](#)

1. To include personnel in your budget, click "Add". If the project includes more than one individual, repeat this step for each position.  
2. The Total Cost will automatically calculate as Salary per Pay Period x Number of Pay Periods x % of Grant Funded Time.  
3. The Federal Share and Match Share will automatically calculate as half of the Total Cost.

### Certified Application Assurance:

**Certified Application Assurance**

To complete select 'Edit'. When Certified Application Assurance form is completed select 'Mark as Complete'.

To the best of my knowledge and belief, all data in this application is correct and the document has been duly authorized by the governing body of the agency. As the applicant agency, we attest to and will comply with the requirements of the 2015 EMPG grant.

I have read and am familiar with the following documents:


2015 Missouri EMPG Program Manual  
2014 Federal EMPG Funding Opportunity Announcement

I have provided copies of these documents to the Authorized Official and Project Director.

Your typed name as the applicant represents your acceptance of the requirements of this application.

**Name: \***

**Job Title: \***

**Date: \***  

- The Certified Assurances is to be completed with the understanding that the Project Director and the Authorized Official have been provided the Program Manual as well as the grant guidance from the Federal Funding Opportunity Announcement. Typing a name represents your acceptance of the requirements of the application.



### Supplanting:

- Supplanting is using federal funds to replace funds that have been appropriated for the same purpose. Check the box for understanding and complete the information for the Authorized Official (presiding commissioner or mayor). Hit the “Save” button at the top right hand of the WebGrants toolbar.

### Audit Certification Form

- Has the agency exceeded the federal expenditures threshold? Select “Edit” at the top of the WebGrants toolbar to enter “Yes” or “No”. While this form is open, enter the information of the person at agency completing this form. Then, fill out the last audit date, the dates covered by the last audit, who performed the audit, and their phone number. Enter the date of the next audit, the time period to be covered by the next audit, and who it will be performed by (if unknown, put “unknown” or TBD). Select the “Save” button located at the top of the Webgrants toolbar.
- If the agency is receiving other sources of federal funds, select the “Add” button located at the top right of the Federal Fund Schedule

**Federal Fund Schedule**

Click "Add" to complete this section. If the project has multiple sources of federal funds, repeat this step to include each source.

To edit a saved entry that has been added, click on the respective blue hyperlink in the Threshold Exceeded column.

To delete a funding source line that has been added, click on the respective blue hyperlink in the Threshold Exceeded column and click "Delete".

Federal Grantor	Pass-Through Grantor	Program Name:	CFDA Number:	Contract Number:	Expenditures:
-----------------	----------------------	---------------	--------------	------------------	---------------

Fill out the Federal Grantor, Pass-Through Grantor, Program Name, CFDA Number, Contract Number, and Expenditures amount. When complete, select the “Save” button located at the top right of the Webgrants toolbar. Select “Add” again for each Federal Fund received until complete.

- If a copy of the last audit is available, scroll down on the General Audit Certification form and click the link by “If Available, Upload Previous Audit.”
- Mark Audit Certification Form as complete, and move on to the next form.

### Other Attachments:

- The Agency may upload other information they feel relates to the grant and funding. Examples include, but are not limited to, attachments such as the staffing pattern, job description, indirect cost plan, and bids.

### Review and Submit Application

Application Forms			Application Details	Submit	Withdraw
Form Name	Complete?	Last Edited			
General Information	✓	01/16/2014			
Contact Information	✓	01/16/2014			
EMPG Capabilities Statement of Work	✓	01/16/2014			
EMPG Budget	✓	01/16/2014			
Certification of Local Match	✓	01/16/2014			
Audit Certification Form	✓	01/16/2014			
Certified Assurances	✓	01/16/2014			
Other Attachments	✓	01/16/2014			

- Select “Application Details” for a full preview of the application and “Print to PDF” option.
- To “Submit” the application, all forms MUST be marked as complete. When you select “Submit” it will ask if you are sure you want to submit because you lose all ability to edit the application and it is considered done. Click “Ok” if ready to submit for funding.

## POST APPLICATION INFORMATION

### I. Application Administrative Review:

SEMA will review all applications for completeness and relevance to the EMPG. Applicants will demonstrate that the proposed project fits within the parameters of the EMPG program, including the need for funding, and available funding.

### II. Funding Notification:

Applicants will be notified via WebGrants through an e-mail sent from [dpsWebGrants@dps.mo.gov](mailto:dpsWebGrants@dps.mo.gov) to the person listed as the Primary Contact.

### III. Award and Acceptance of Contract:

Each agency will receive their Award of Contract with acceptance of terms and conditions to be signed by the Project Director as well as the Authorized Official. The Grant Award of Contract constitutes a contractual agreement between the state and the subrecipient for use of federal funds in the implementation of the project outlined in the application.

### IV. Project Implementation:

Due to funding being delayed, most projects will already be underway to sustain the necessary day to day operations.

## ADMINISTRATIVE AND FINANCIAL GUIDELINES

### I. Reporting Requirements:

#### Claims:

Claims must be submitted in WebGrants on the 15<sup>th</sup> day following the end of each quarter as defined July 15<sup>th</sup>, October 15<sup>th</sup>, with the exception of the final claim to be due no later than January 31<sup>st</sup>, 2015. An Agency may submit as frequently as once a month, but no less than quarterly. Claims, include the summary page provided through WebGrants and all supporting documentation for the claim request.

#### Status Reports:

Status Reports are due each quarter with the same applicable deadlines of quarterly claims. The status report will include information pertaining to the Baseline Capabilities as defined in the application.

### II. Contract Adjustments:

#### a. Budget Revision

A Contract Adjustment for a budget revision must be submitted for the following requests:

- i. Addition of a new budget line item
- ii. Transfer of “excess” funds from one budget line/category to another budget line/category to cover increases (shortfalls) in cost.

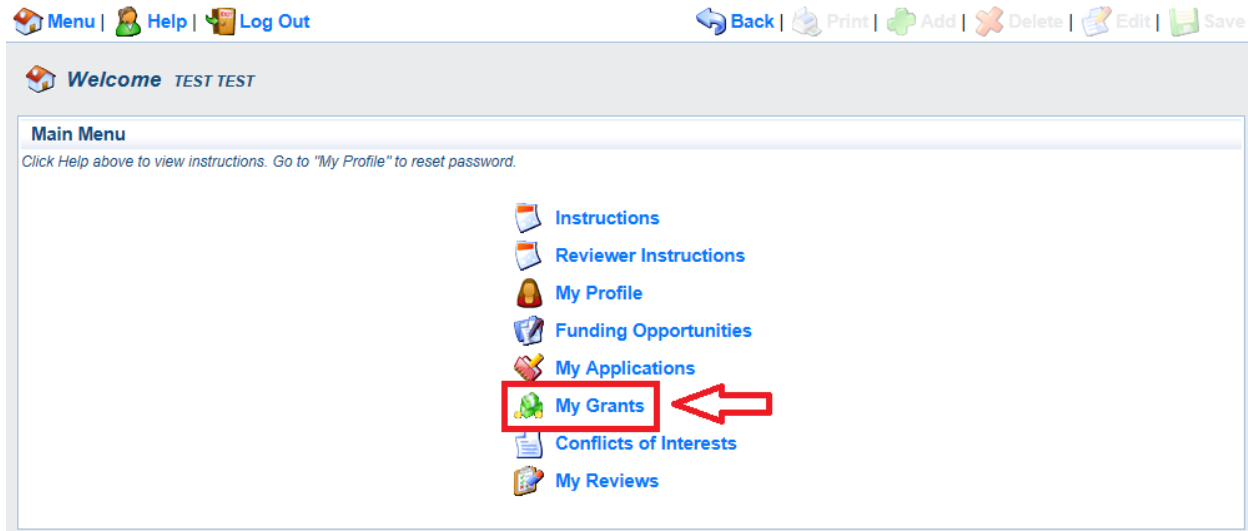
#### b. Program Revision

A program revision results from a change in the scope of the proposed project, period of performance, etc.

## Grant Underway

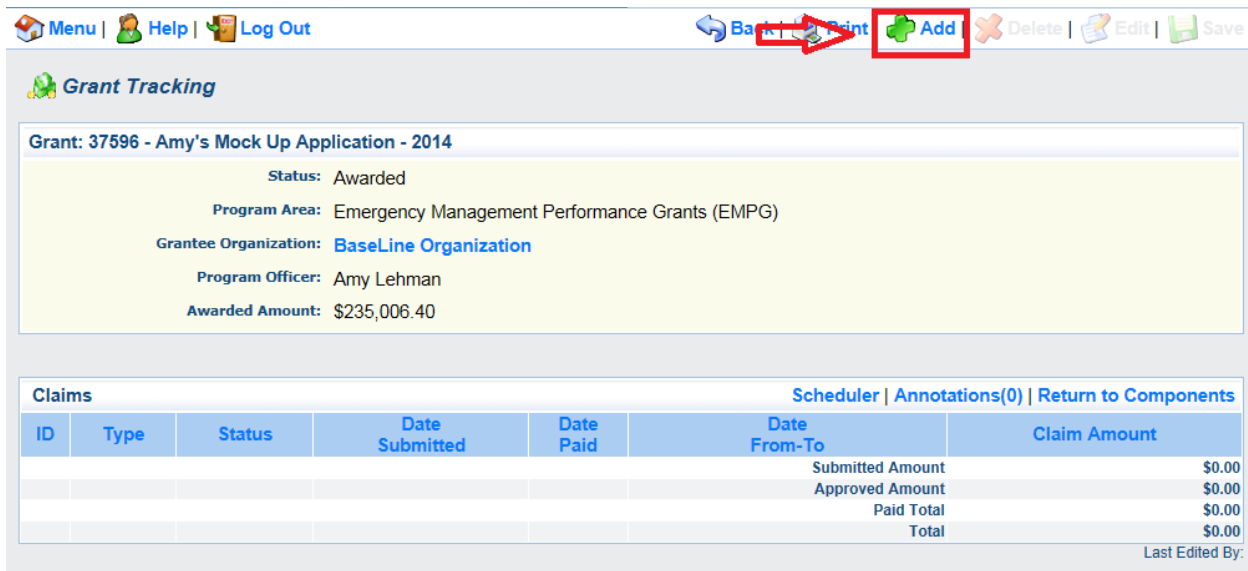
### I. Submitting a Claim:

Log into WebGrants. On the Main Menu select “My Grants.”



Select the Emergency Management Performance Grant. In the Grant Components box, choose Claims (which is the second option down).

a. To start a claim, at the top of the WebGrants Toolbar, select “Add.”



b. The General Information form will open. From the drop down box, select whether the claim is monthly, quarterly, or other. Select the reporting period for which the claim

covers (i.e. 01/01/2014-01/31/2014 for monthly or 01/01/2014-03/31/2014 for quarterly). Leave the invoice number blank, and select “No” for your final report. The “Final Report” will be your last claim request for the period of performance. Once this is done, select “Save” at the top right hand of the WebGrants Toolbar.

**Grant Tracking**

**Claim General Information**

To create a new Claim enter the starting date and the ending date of the Report Period. This is the period of coverage for this Claim.

**Claim Type:** ☐ Monthly ☐ Quarterly ☐ Other

**Report Period:** From  to

**Invoice Number:**

State Agencies Only! Leave blank if there is not an invoice number!

**Is This Your Final Report?:** ☐ Yes ☐ No

Toolbar: [Menu](#) | [Help](#) | [Log Out](#) | [Back](#) | [Print](#) | [Add](#) | [Delete](#) | [Save](#)

Double check that the information is correct, and then select “Return to Components.”

- c. Expenditure Claim Form: The Claim is now started. Click the blue hyperlink “Expenditure Claim Form.”

**Claim: 37596 - 001** [Grant Components](#)

**Grant:** [37596-Amy's Mock Up Application](#)

**Status:** Editing

**Program Area:** Emergency Management Performance Grants (EMPG)

**Grantee Organization:** [BaseLine Organization](#)

**Program Manager:** Amy Lehman

**Components** [Preview](#)

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
<a href="#">General Information</a>	✓	07/08/2014
<a href="#">Expenditure Claim Form</a>		
<a href="#">Reimbursement</a>		
<a href="#">Other Attachments</a>		

The claim with amounts, invoice number, and budget category can be entered. Select green “Add” button located at the top right hand of WebGrants toolbar.

**Detail of Expenditure**

*Budget Line: Enter the budget line this expenditure detail will be charged against.*

**Budget Line:\***

*Payee: List whom your agency paid or expenditure made.*

**Payee:\***

*Description: Give a brief description of the expenditure.*

**Description:\***

100 Character Limit

**Quantity:\***

**Unit Cost:\***

*Federal Amount Requested: Enter amount requesting to be federally reimbursed back to agency for item(s).*

**Federal Amount Requested:\***


*Match Amount Claimed: Enter amount requesting to be claimed for match back for agency for item(s).*

**Match Amount Claimed:\***

*Invoice #: Invoice or unique identifier number.*

**Invoice #:\***

*Invoice Date: Enter date of invoice.*

**Invoice Date:\***  

- Enter the Payee for whom your agency paid. Type information in the Payee section such as "ABC Company," "John Smith" or "Staples."
- The description box allows for pay period, company items purchased from, etc.
- Select the quantity at which it was purchased (generally one) and the cost.
- EMPG is a 50/50 cost share grant, so the amount in the Federal Amount Requested and Match Amount Claimed should be the same amount (given a penny to the agency should the amount not be an even number).
- Enter the invoice number and date followed by the check number for payment and the date.
- Then select the green "Save" button located at the top right hand side of the WebGrants Toolbar. The system will then return to the Detail of Expenditure page with the information saved.
- To add the next entry, simply click the green "Add" button at the top right hand side of the WebGrants toolbar.

Program Manager: Bruce Clemonds												
<b>Detail of Expenditure</b> <a href="#">Mark as Complete</a>   <a href="#">Go to Claim Forms</a>												
Budget Line:	Payee:	Description:	Quantity:	Unit Cost:	Total:	Federal Amount Requested:	Match Amount Claimed:	Fed + Match Amount Total:	Invoice #:	Invoice Date:	Check/EFT #:	Check/EFT Date:
Personnel	John Smith	Period 01/01/2014-1/14/2014	1	\$1,836.00	\$1,836.00	\$918.00	\$918.00	\$1,836.00	1234	02/14/2014	526	02/16/2014
Last Edited By: TEST TEST, 07/07/2014												

Once all invoices are built into the Detail of Expenditures page, click “Mark as Complete.” It will return to the Claim Components page where you will see that 2 of the 4 forms are now complete. If you have marked a section as complete and realized a bill was left off, you have full access to enter back into the module. The only time you will no longer have access to edit is once you submit your claim.

- d. The third form is the Reimbursement section. For FY14, agencies do not need to complete this section. Your grant specialist will transfer the information from the Detail of Expenditure submitted. The Reimbursement section connects to the accounting portal SamII for payout. Click the “Save” button located at the top right hand of the WebGrants toolbar. Then select “Mark as Complete.”

Reimbursement									
Budget Category	Details	Contract Budget	Prior Expenses	Available Balance	Expenses This Period	Contract Match	Prior Match Expenses	Remaining Match Requirement	Match Expenses This Period
<b>Personnel</b>									
Test Position A		\$12,000.00	\$0.00	\$12,000.00	<input type="text" value="\$0.00"/>	\$12,000.00	\$0.00	\$12,000.00	<input type="text" value="\$0.00"/>
Test Position B		\$27,600.00	\$0.00	\$27,600.00	<input type="text" value="\$0.00"/>	\$27,600.00	\$0.00	\$27,600.00	<input type="text" value="\$0.00"/>
<b>Emergency Operations Center Supplies &amp; Operating Expenses</b>									
AT&T		\$330.00	\$0.00	\$330.00	<input type="text" value="\$0.00"/>	\$330.00	\$0.00	\$330.00	<input type="text" value="\$0.00"/>
Building		\$6,000.00	\$0.00	\$6,000.00	<input type="text" value="\$0.00"/>	\$6,000.00	\$0.00	\$6,000.00	<input type="text" value="\$0.00"/>
Office Supplies		\$14,300.00	\$0.00	\$14,300.00	<input type="text" value="\$0.00"/>	\$14,300.00	\$0.00	\$14,300.00	<input type="text" value="\$0.00"/>
<b>Emergency Operations Center Office Equipment</b>									
computer		\$1,250.00	\$0.00	\$1,250.00	<input type="text" value="\$0.00"/>	\$1,250.00	\$0.00	\$1,250.00	<input type="text" value="\$0.00"/>
<b>Travel</b>									
SEMA Conference		\$775.00	\$0.00	\$775.00	<input type="text" value="\$0.00"/>	\$775.00	\$0.00	\$775.00	<input type="text" value="\$0.00"/>

Dulles Technology Partners Inc

- e. The final Claim component is “Other Attachments.” Similar to the previous grant system, all paperwork is sent electronically. Click on “Other Attachments.” Click on the “Add” button located at the top right hand side of the WebGrants toolbar. Any file size can be sent through WebGrants. Select the “Browse” button to the right of the Upload File box. Search for the documents related to the claim, to include invoice, proof of delivery, check, timesheets, etc. Once the document is found, enter in a description. The description could be “John Smith’s payroll for first quarter,” or “Supplies,” etc.

Menu | Help | Log Out      Back | Print | Add | Delete | **Save**

### Application

#### Attach File

If you have no relevant and/or required documents to attach, simply click "Mark as Complete".

To upload any relevant and/or required documents, select Add from the menu toolbar, browse for the document on your computer or disk, enter a short title in the Description box, and click Save.

If this document is not saved on a computer or disk but is rather a sheet of printed paper, it will need to be scanned and saved to a computer file location. If the document is multiple pages, check your scanner settings to ensure the pages can be saved as one file or use the free, online tool called [PDF Merge](#) if it is necessary to combine multiple 1-page scans into 1 saved document.

The Department of Public Safety can support the following file types: Word (\*.doc, \*.docx), Excel (\*.xls, \*.xlsx), PowerPoint (\*.ppt, \*.pptx), Publisher (\*.pub), Adobe PDF (\*.pdf), Photos (\*.bmp, \*.jpg, \*.jpeg, \*.jpe, \*.asp, \*.tif, \*.wmf) and similar commonly used programs. If you attach a file type that the Department of Public Safety does not have software to open, the attachment may not be considered.

Do not attach password protected documents as the Print to PDF feature will not be able to open such file types.

Upload File:  **Browse...**

Description: \*

*(Red boxes highlight the 'Save' button in the top toolbar and the 'Browse...' button in the Upload File section. Red arrows point to these buttons.)*

There is no limit to the amount of documents you can upload into this section. Once you have uploaded all documents, select the "Mark as Complete" button. It will return to the general Claim Components page. Once all sections are marked as complete, hit the "Submit" button.

Grantee Organization: **BaseLine Organization**  
Program Manager: Amy Lehman

### Components Preview

Complete each component of the Claim and mark it as complete. Click Submit when you are done.

Name	Complete?	Last Edited
General Information	✓	07/08/2014
Expenditure Claim Form	✓	07/08/2014
Reimbursement	✓	07/08/2014
Other Attachments	✓	07/08/2014

*(A red box highlights the 'Complete?' column in the table.)*

Once you have hit "Submit" the system will ask if you are sure you are complete. Once the claim has been submitted, the agency loses the ability to edit the claim and it goes into review with the grant specialist for that program. Should you need to access the claim again, simply contact your grant specialist to have sections unlocked and returned to you.

Note: Once you start a claim, simply hit "Claims" and you will see the claim you have started on the right in blue. Do not hit "Add" to start multiple claims as the system categorizes it numerically. If you submit monthly, you should have 12 claims. If you submit quarterly, you should have 4 claims.



## Status Reports

- I. Status Reports- General Information: Status Reports are due quarterly with due dates on April 15, July 15, October 15, and January 31<sup>st</sup> with the closeout of the grant. Status Reports are based on the capabilities set forth in the application. To start a Status Report, log into WebGrants, select “My Grants,” select the EMPG grant which will take you to the grants components page. Status Reports is the third blue form down named “Status Reports.” Open this component and select the green “Add” button located on the top right hand side of the WebGrants toolbar. The first form is the General Information form. Type or chose from the calendar provided the quarterly dates the report is tied to. For the first Status Report, the period should be 01/01/2014 to 3/31/2014. While the reports should be quarterly, the EMPG period of performance has already begun by the time Grant Award of Contracts have been signed and returned. From the drop down box, select “Quarterly Report” and click the green “Save” button located at the top right hand of the WebGrants toolbar.

The screenshot shows the 'Grant Tracking' interface. At the top is a navigation bar with links: Menu, Help, Log Out, Back, Print, Add, Delete, Edit, and Save. Below this is the 'Grant Tracking' header. The main section is titled 'General Information' and contains the instruction: 'Use the drop down box to select the type of report that you want to submit. Then enter the period of time that the report will detail.' The form includes a 'Report Period' section with 'From' and 'to' date pickers, and a 'Status Report Type' dropdown menu currently set to 'Monthly'.


- II. Status Reports- Click “Return to Components” and then click “EMPG Status Report.” This will open the Capabilities Statement of Work form that was on the application.
- The first box pertains to verifying the EOC has not changed locations, phone numbers, etc. Select “Yes” or “No.” If there is a change, please put down the information that has changed for the agency.
  - Follow down to the second box and list completed activities for updating your Local Emergency Operations Plan (LEOP).
  - The third box is for NIMS compliance. Provide a brief text stating activities to be NIMS compliant, or simply put “NIMS compliant.”
  - The fourth box is for training. All EMPG paid personnel need to complete the FEMA training/Independent Studies. Please state activities done to complete trainings or put “Training Compliant.”
  - The fifth box is for exercise requirements. Please state in the summary box the exercises participated in for that quarter.
  - Proceed to the sixth box for the Training and Exercise Plan Workshop. Please select “Yes” if it has been completed already for the year, or “No” if not. In the

summary box provided, please explain when the TEPW workshop was, or the anticipated date of workshop if not attended yet.

- The seventh box is for completing the THIRA whether that be specifically for your agency, or for the region. In the summary box, please state activities.
- The eighth section is for any accomplishments or shortcoming you wish to share. Do not hesitate to share highlights from your agency and the success or downfalls you have encountered throughout the quarter.
- The ninth section is for future/upcoming activities. Please give a summary of activities to be carried out in the near future, and any comments you would like to include.
- Finally, complete the “This Form Completed By” section. Provide your name and the date the Status Report was completed.

Once completed, return to the top of page, and select the “Save” button. Mark the form as complete and hit the “Submit” button.

Components		
Complete each component of the status report and mark it as complete. Click Submit when you are done.		
Name	Complete?	Last Edited
<a href="#">General Information</a>	✓	06/10/2014
<a href="#">EMPG Status Report</a>	✓	07/07/2014

 [Preview](#) [Submit](#)